

## CHILD CARE PAYMENT WORKSHEET FOR ENROLLMENT BASED PAYMENTS TO LICENSED CHILD CARE PROVIDERS

Parent's Name	CARES Number	Date
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Child's Name	Provider Type	Hours Auth.	X	Agency Hourly Rate	Beginning Reimburs. Rate	Weekly Ceiling	Provider's Reported Weekly Price	Lowest Weekly Amount*
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
FULL WEEKLY AMOUNT								

\*Compare the Beginning Reimbursement Rate to the Local Agency Weekly Ceiling and the Provider's Reported Weekly Rate. Enter the lowest of these three amounts in the lowest weekly amount space. Add each of the Lowest Weekly Amounts to determine the Full Weekly Amount.

**Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the copay type (\$0, minimum or differential).**

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

**Divide the Lowest Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This result is the weekly payment that can be authorized on enrollment for each child.**

Child's Name	Lowest Weekly Amount	/	Full Weekly Amount	=	Percentage of Full Cost	X	Adjusted Agency Payment**	=	Weekly Enrollment Payment
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	

\*\*Adjusted Agency Payment is the Full Weekly Amount minus the standard, adjusted or part time family co-payment amount. The part time co-pay is calculated by dividing the standard or adjusted co-payment in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.